HEREDITARY HEMORRHAGIC TELANGIECTASES.*

By F. F. GUNDRUM, M. D., Sacramento.

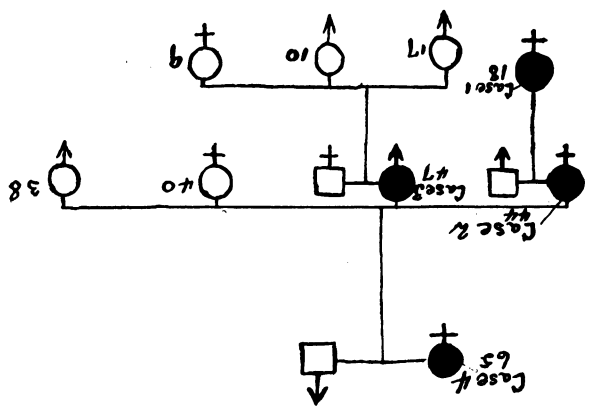
The relative rarity of this remarkable affection so well described by Hames[1] who, in 1909, collected all recorded cases, seems sufficient excuse for a review of its outstanding features and the reporting of an additional family group.

Case 1. Lucy M., October 18, came to me because of chronic, variable pain in right side with tenderness over McBurney's point. Laparotomy by Dr. J. B. Harris disclosed a tuberculous appendix. In the course of the routine examination ten telangiectases, purplish red in color and varying from 0.5 to 3.5 mm. in diameter were noted on the tongue. Upon inquiry she gave a history of quite frequent and severe "nose bleeds." Two small similar telangiectases were found upon the septum nasi.

Case 2. Mother of Case 1, age 44. Well nourished, slightly pale has about forty typical purplish telangiectases on the cheek, ears, eyelids and nose. Five were seen upon the nasal septum. She is subject to severe "nose bleeds."

Case 3. Brother of Case 2, age 47, well developed, healthy; has about twenty "spots" on face and nose, not much trouble with nosebleeds, but must use care in shaving for a slight scratch upon one of these "spots" has caused rapid and prolonged bleeding.

Case 4. Mother of Case 2 and 3; died at 65 from "heart disease," had about thirty similar spots upon the face and was also liable to severe nasal hemorrhage.



I was not able to go any farther back into the history of the family. The California members have been out of touch with the rest of their family connections for many years. There are six other persons in the family, three of them children, who have not as yet shown any signs of this hereditary peculiarity of the blood vessels.

The following diagram gives a schematic résumé. Full dots represent members having telangiectases. Open dots indicate members free from them. Squares denote individuals not included in the hereditary line.

Definition.—A hereditary affection manifesting itself in localized dilatation of capillaries forming distinct spots, apt especially to be found on the face, in the mouth and nose and to give rise to active hemorrhage either spontaneously or as a result of trauma.

Etiology.—Heredity seems by all odds the most frequent and constant factor. Hames thought that traumatism and the abuse of alcohol were to be included as etiological agents. Neither could have had much of a role in these cases.

Pathology.—A wide dilatation of the vessels of the corium.

Symptoms.—Discrete, reddish and purplish, slightly elevated, sharply outlined spots, blanch on pressure and bleed profusely upon very slight injury.

Diagnosis.—Should present no difficulty; the appearance of these telangiectases is pathognomonic.

Treatment.—Consists of cauterization of all telangiectases with chromic acid bead, heat or other means to destroy the tiny mass of dilatated bloodvessels.

Capitol National Bank Bldg.

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1. Hames, F. M., Johns Hopkins Hospital Bulletin, Volume XX, No. 216, March, 1909.

ELECTRICITY APPLIED IN GYNECOLOGY.*

By OLGA McNEILE, M. D., Los Angeles.

Electricity, like any other single therapeutic agent, is not a panacea for the relief of all pelvic pathology, but it has made itself one of the necessary methods of treatment in the practice of gynecology.

The most important factor to be considered is the proper choice of cases which will be benefited by the use of the current. It is my firm belief that the failures reported are due to the fact, firstly, that enthusiasts apply electricity in nearly every case that comes to their attention, with resulting injury to the patient and discouragement for the doctor, and, secondly, to the lack of care used in the choice of the kind and amount of the current used, and in the poor technique from the standpoint of asepsis.

The galvanic current is the one which gives the best results in the majority of cases. The first thing to decide is whether the positive or negative current is indicated, but this is not difficult when we remember two general principles—the positive current acts as a constrictor, while the negative current acts as a dilator. In most pelvic conditions that are brought to our attention, we find either a relaxed condition of the uterus and adnexa, with the accompanying congestion, hemorrhage and discharge, or the less common condition which resembles a muscle spasm. The positive current will tend to constrict the relaxed tissues, while the negative current will relax the tense tissues. In addition to these mechanical factors, we find a direct chemical action based upon the fact that the positive pole acts as a cataphoretic agent, and will cause a deposit upon the tissues of whatever drugs are chosen for that purpose. The sounds are copper-tipped. If immersed in a ten per cent. solution of sulphuric acid for a few seconds and then dipped into metallic mercury, a copper amalgam

* Read before the Los Angeles Obstetrical Society, February 12, 1918.